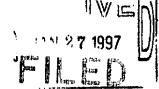
FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE





ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS					97 APR 14 PM 1: 20			
FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT #M9600000339					SECRETARY OF STATE TALLAHASSEE FLORIDA			
of Limite EA 17 AU	STERN CONSOLID O KITTY HAWK A	1a. Principal Place of Business Address 170 KITTY HAWK AVE. AUBURN ME 04210						
	ailing address is Incorrect in any way, I I Place of Business	correction in Block 2a.	3. Date Organize	d or Qualified	3a. State o	f Formation		
	SAME			D9/09/1996 ME				
Suite, Apt. #, etc.		Suite, Ap	. #, etc.		4. FEI Number Applied For			
City & State)	City & Sta	ite	01-0500090 Not Applicable				
					5. Date of Last Report		6. Certificat	te of Status Desired
Zip	Country	Zip	Col	intry	N/A		S8 75 Additio	mal Fee Required
	7. Name and Address of C	urrent Registered	Agent	Name	8. Name and Addr	ess of New Re	egistered Age	ent
9. Pursuar	nt to the provisions of Sections 60 ad office or registered agent, or both ed agent, and accept the obligation.	th in the State of Flor	Florida Statutes, the ida. Such change wa	Sulte, Apt. #, et City North F above-named limite s authorized by affirm	ort Myers ad liability company su native vote of a majority	FL. ubmits this state y of the membe	rs. I hereby ac	purpose of changing
10. Title			Business Street Address			City, State and Zip Code		
MGRM H	HAYNES, JOHN D		7 RAFNELI	STREET		OOO2 -04/15 ****2	1.43 4 79701	1402 046012 ****203.75
11. I do her	eby certify that the information sup	plied with this filing o	loes not qualify for the	exemption stated in S	Section 119.07(3) (i), F	iorida Statutes	. I further certif	y that the information

indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, of the limited liability company or the receiver of the liability company or the liability company or the liability company of the attachment with an address.

SIGNATURE:

John D. Haynes GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER